			KLIST	Name and Add Street, or	IVISION O	JBLIC HEALTH AND SOCIAL SERVICES OF ENVIRONMENTAL HEALTH LD CARE FACILITY	OIV	(Mar)	
	9		(tasunitr	JTIES (cor	III Mars mares	PECTION REPORT	MBR9 OF	M MORADOL	
REA	SON		GRADE	Inspection	Date:	ESTABLISHMENT NAME:	Sign tasion	THOM ODE IT	
Regular			beolygg	5/19		MILESTONES PLAY & USARN	CENTI	Ringold	
Follow-Up		balba	10	Time In/Out:		OWNER/OPERATOR: Date Color Color Date Color Color Date Color Color Date Date Color Da			
Complaint			DATING			ROSARIO, RON PIERZ			
Investigat Other:	don	,ors	RATING	Sanitary Permit No.:		LOCATION: STE 101-103 V&G Establishment Type: COMMERCIAL CTR. HAGATIVA CCC/NURSERY			
	30	a be	A			PERMIT STATUS: Valid Temporary Expired			
No. of Chil	dren: 🗹	6	Male (7	Female 43		Child Care License: No.: 100215 / Valid /	/ Provisional	/ / Expired	
The finspection	ollowin or so	g ite	r as the Dep	artment Indi	icates. Non	ay in the operations and facilities which must to a-compliance may result in downgrading or per to be submitted before the indicated correction	rmit suspen	d by the next sion. To appea	
ITEM*	district	oil h	Na seleta est	and and to he	REMA		DEMERIT	CORRECT BY	
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· ·	146	14	FOLLOWING	T VIOLA-	MINS W	EFE DECERVED:	Oldbieve ii	III IE BRBI TON	
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18	SPLE- CLOSING DEVICE BROKEN ON KHICHEN EXIT DOOR.						2	6/14/2019	
6	ALL OPENINGS SHALL BE MAINTAINED IN GOOD REPAIR								
3	To		PREVENT	PEST	ACCES	5.		alge hallan	
2	-	iesi	mard the dead	nellareae to	uring hours	35 8	annections	Mo cross	
21	* REPEAT VIOLATION: NO HOT WATER PROVIDED FOR 6 5/2:								
- 6	HAND WASH SINKS IN INFANT ROOM, GIFL'S BATHROOM								
S	AND IN FRONT OF GIRUS BATHFOOM.								
					•	200 DED TO PROMOTE PROPER	Ingil and the	to silliw or	
2				HYG		Brings effectively servened 2 39 C	g sertin bru	SWINDHIVY 81	
						Design from the state of the st	ing bra an	Food stor	
i ha	ve rea	d a	nd underst	and the ab	ove violati	ion(s) and I am aware of the corrective me	asures to	be taken.	
*Note:	Whe	па	ny of the fo	ollowing ite	ms are	Received By (Name & Title);	1		
cited	ALUES THE	0.00	101 202 244 443 115 224	corrected	within	Garlo Harl	لىر		
(2) (4)		_	s of this in:		1) 9 (40)	DEH Inspector (Name & Title):			
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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

			CH	ILD CARE FACILITY		Living
	9	(beunth		SPECTION REPORT	AMERICA CA	
RE/	ASON	GRADE	Inspection Date:	ESTABLISHMENT NAME:	,81000 ,B8700	mon early
Regular	V	beblyota	5/15/2019	MILESTONES PLAY & LEAF	N CENT	TER
Follow-Up		10	Time In/Out:	OWNER/OPERATOR:	militingo ogađ	tag requiff
Complain		nellarin	10:50 AM 11:50A	ROSARIO, RON PIERS		ataupeba
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Other:		A	20000 18000	COMMERCIAL CTR. HALTATUA	CC/NUP.	THE RESERVE OF THE PARTY OF THE
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			Female 42_Total	Child Care License: No.: 18075 / 4 Valid /	/ Provisional	/ / Expired
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Lho	vo road a	nd undomi	and the above viels	tion(s) and I am aware of the same this	on the act	he teken
			and the above viola ollowing items are	tion(s) and I am aware of the corrective management Received By (Name & Title):	easures to	ре такеп.
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